## State Personnel Board Oral Bilingual Proficiency Examination Request Form Bilingual Services Program (BSP)

EXAM REQUEST 1:					
LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER <sup>1</sup>	WORK PHO	NE NUMBER	
MAILING ADDRESS (for Exam Results)		EXAM CONFIRMATION TO EMPLOY	/FF RV·	Ext. LANGUAGE EXAM:	
Address:		E-Mail Address:	LL DI.	LANGOAGE EXAM.	
0.7	- 7!- 0- d-		or		
City: State Reasonable Accommodations Requ		Fax Number:			
EXAM REQUEST 2:					
	FIRST NAME	SOCIAL SECURITY NUMBER <sup>1</sup>	WORK PHO	NE NUMBER	
				Ext.	
MAILING ADDRESS (for Exam Results)		EXAM CONFIRMATION TO EMPLOY	EE BY:	LANGUAGE EXAM:	
Address:		E-Mail Address:	or		
City: State		Fax Number:	O.		
Reasonable Accommodations Requested (BSP will contact Employee)					
SUPERVISOR'S CONTACT INFORMATION:					
NAME:		TITLE:			
MANUALC ADDDECC (for From Decrito)					
MAILING ADDRESS (for Exam Results) Department:		CONTACT NUMBER2:	Ext		
Address:		ALTERNATE NUMBER: Ext.			
City: State	e: Zip Code:				
CONFIRM EXAM DATE & TIME TO SUPERVISOR BY:					
E-Mail Address:		or Fax Number:			
EXAM REQUESTED BY:					
REQUESTOR'S NAME: TITLE:		TELEPHONE NUMBER:			
REGOLOTOR O TATUTE.	11122.	TEEE HONE II	OMBEN.	Ext.	
PAYMENT IS <u>Due prior</u> to examination being scheduled (no cash or credit cards will be accepted)					
PAYMENT METHOD: Mail Payment & Request Form To:					
	SPB – Bilingual Services Pr			ım	
\$115.00/ea Purchase/Service Order # Attached*		Attn: Bilingual Testing Coordinator			
\$115.00/ea Bill Consolidated Contr	801 Capitol Mall, MS #64				
\$105.00/ea Check or Money Order Enclosed Sacramento, CA 95814  (Payable to State Personnel Board)					
(i dyddie to didie i ersonileri	Journal	For Information or Qu	estions. Con	tact:	
x \$ = \$ # of Exams		(916) 651-9017 or TTY (916) 651-8782			
# of Exams Cost Per Exam Total Cost		Fax: (916) 651-7840			
*IF PAYING BY CONSOLIDATED CONTRACT OR PURCHASE/SERVICE ORDER, PLEASE INCLUDE THE FOLLOWING INFORMATION.					
Name of person to invoice:		_			
Address:	City:	State:	Zi	p Code:	
Phone Number: Fax Number:					
THE EMPLOYEE AND SUPERVISOR WILL RECEIVE CONFIRMATION BY E-MAIL OR FAX, APPROXIMATELY 7 DAYS FROM THE DATE THE					
EXAMINATION IS SCHEDULED. NO EXAMINATION WILL BE SCHEDULED UNTIL THE CHECK OR PAYMENT AUTHORIZATION IS RECEIVED.					
I hereby certify that I am authorized to submit a request for bilingual fluency examination, as or on behalf of, the department's testing officer.					
Signed:	Title:		Date:		

SPB 810-BE Rev. 4/2006

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<sup>&</sup>lt;sup>1</sup> If a SSN number is **not** provided, the individual's bilingual certification information will **not** be posted on the SPB's on-line certification system and it will be his/her responsibility to maintain proof of bilingual certification. SPB will assign an ID number to all individuals that pass the bilingual fluency examination, which will be maintained on its bilingual certification database, for the purposes of verifying certification. However, if no SSN is provided, the candidate must have his/her ID number in order to request verification.

<sup>&</sup>lt;sup>2</sup> The employee's supervisor must be available at the listed contact number to verify the identity of the employee being tested, prior to starting the examination. If the supervisor and candidate are to be reached at a different number than the contact number, please list as an alternative number. In addition, if we are unable to reach you within 5 minutes of the scheduled start time of the exam the candidate will need to reschedule.